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CONFIRMATION NO. 8809

SERIAL NUMBER 09/929,240	FILING DATE 08/13/2001 RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. SDT 303
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/225,056 08/14/2000
 and claims benefit of 60/225,057 08/14/2000
 and claims benefit of 60/225,058 08/14/2000
 and claims benefit of 60/225,059 08/14/2000
 and claims benefit of 60/225,089 08/14/2000
 and claims benefit of 60/225,094 08/14/2000
 and claims benefit of 60/225,169 08/14/2000
 and claims benefit of 60/225,170 08/14/2000
 and claims benefit of 60/225,200 08/14/2000
 and claims benefit of 60/225,201 08/14/2000
 and claims benefit of 60/225,206 08/14/2000
 and claims benefit of 60/225,210 08/14/2000
 and claims benefit of 60/225,211 08/14/2000
 and claims benefit of 60/225,212 08/14/2000

** FOREIGN APPLICATIONS *****

none *RP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 8	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i>			

ADDRESS

27630

SD3, LLC

25977 S.W. Canyon Creek Road, Suite G

WILSONVILLE, OR

97070

TITLE

Firing subsystem for use in a fast-acting safety system

☐ All Fees☐ 1.16 Fees (Filing)

<p>FILING FEE</p> <p>RECEIVED 721</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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